MULTIPLE DEPENDENT CLAIM SERIAL NO. 10/58/395 APPLICANT(S) FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER **AFTER** AS FILED AFTER AFTER AS FILED 1"AMENDMENT 2 [™] AMENDMENT I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. .76 TOTAL IND TOTAL IND TOTAL DEP TOTAL DEP TOTAL TOTAL CLAIMS